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A qualitative investigation into the experience of psychologist's around self-disclosure when working with clients

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Abstract

Background: Although distinctive theorists have taken strong positions on self-disclosure, contemporary psychologist's use of self-disclosure appears to be based on subjective decisions and not grounded in theory.

Objective: To investigate contemporary psychologists experience of self-disclosure when working with clients.

Method: Analysing the interviews of 3 Danish and 3 English psychologists using Interpretative Phenomenological Analysis.

Results: Self-disclosure is predominately about the therapeutic relationship and should be beneficial for the client. This depends on the client group and it is suggested that errors made with a client should be admitted.

Conclusion: Self-disclosure is used by psychologists based on experience and subjective opinions and in "the moment" decisions as to whether it is deemed beneficial for the therapeutic relationship.

Keywords: psychologist; client; personal information; therapeutic relationship; error; therapeutic orientation; IPA.

1. Introduction

Although distinctive theorists have taken strong positions on self-disclosure; from Sigmund Freud's psychodynamic stance in which he suggested remaining a "blank slate", to Carl Roger's Person centred theory, which advocated greater transcendence (Kahn, 1997), regarding more recent studies on self-disclosure (St. Aubyn, Murphy, O'Neill, 2009) a picture has emerged of self-disclosure being a grey area for psychologists as opposed to, for example, issues around confidentiality, which are strongly regulated by the agency the individual psychologist is working for. As many contemporary psychologists work integratively, it could be suggested that self-disclosure is not mediated by one particular theoretical orientation but is rather based on experience, personality, the particular client group worked with and subjective decisions in the moment of therapy as to whether or not to disclose.

The present study is a partial replication of St. Aubyn, Murphy and O'Neill's (2009) study on therapists' decisions to self-disclose, however, this study will further aim to investigate whether differences and/or similarities occur cross-culturally as it will examine interviews from Danish and English psychologists practising in Denmark and the UK, respectively. Further, it will focus on deliberate disclosure and distinguish between personal disclosure and disclosure regarding the therapeutic relationship (Hill and Knox, 2001) and whether it is important to reveal errors made with a client during therapy.

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2. Methodology

2.1 Participants

The participants were recruited through family connections and colleagues and consisted of three Danish and three English psychologists, with one working from a Cognitive Behavioral Therapeutic orientation, two from psychodynamic orientations and three who thought of themselves as working integratively, drawing on CBT, PCT and psychodynamic orientations. Out of the six, one was still in training supervision and the remaining, who were also engaged in their own supervision, had been working for a period that spanned from a few years to 30 years.

2.2 Procedure

Semi-structured interviews were conducted to investigate psychologists' experience of self-disclosure, with an emphasis on their views on personal disclosure, disclosure about the therapeutic relationship and errors made with clients. The interviews were recorded and transcribed.

2.3 Analysis

The transcripts were analysed using Interpretive Phenomenological Analysis, in order to explore in detail the participants' experience of self-disclosure in the therapeutic setting (Smith, 2008). The themes emerging from the individual transcripts were gathered and compared within the guidelines of IPA in order to produce four super-ordinate themes.

2. Analysis and discussion

From the analysis process of the method described above of the interviews, four super-ordinate themes were identified.

2.1 Theme 1: Disclosure should be about the therapeutic relationship and beneficial

One difference from the findings of St. Aubyn, Murphy and O'Neills' (2009) study, where personal disclosure was seen as beneficial, was that none of the six psychologists would use personal disclosure as they did not find it relevant to the relationship and thought that if it was used there would be a danger of the therapist being in focus and not the client.

Although they did use disclosure about the therapeutic relationship, seeing it as a reflection of the ongoing process of therapy and deemed useful for displaying empathy and congruence, they all stressed that it must be beneficial for the therapeutic relationship, appropriate and carefully managed, as suggested by one participant; 'I think it depends very much on the context and the nature of self-disclosure, eh, I think it can probably if done very, very careful, be helpful' (5/20-22)

2.2 Theme 2: Disclosure depends on the client

Disclosure also depended on the type of clients the psychologists were working with: the Danish psychologists were reluctant to disclose as they all worked with people with mental health problems and stated that there was a need to maintain strong boundaries between themselves and the client, particularly with people with personality disorders. Furthermore, as some of them worked with offenders, they would be very wary of disclosing personal information and they suggested that they would be more inclined to self-disclose if they were not working within the mental health sector.

These views were mirrored by the English psychologists, who also thought that boundaries need to be held more tightly with certain client groups and that one needs to acknowledge and be more wary, depending on what type of client one is working with, one participant stating that 'yes, eh, so the one time I disclosed something, this time I told you about, knowing where he was coming from, was actually in a prison and that's the only time I've disclosed

something in a prison, my boundaries are held much more tightly, compared to working in a GP surgery for example' (6/71-74)

2.3 Theme 3: Errors must be admitted

In line with previous studies on errors made by therapist in therapeutic relationships (Hanson, 2005) all six psychologists were of the opinion that errors made should be admitted to the client, if not it could be damaging to the relationship and detrimental to the outcome of the therapy. They all agreed that they found it easy to admit to errors made, such as acknowledging when one had made a wrong judgement; failed to hear something appropriately; had not listened to the client or really understood what the client meant. In fact, they found it important and beneficial for the relationship to be able to tell the client that they identified they had made a mistake.

Three of the psychologists agreed that they often reflected on errors between sessions and would address this in the next session if they found it would have an important impact on the therapeutic relationship.

2.4 Theme 4: The multiplicity of self-disclosure

The multiplicity co-existing inside one individual and over time or depending on who the person is, depending this circumstance, this disclosure, that disclosure' (4, 194-196) the above quote from one of the participants, sums up the general consensus of the all of the psychologists, that self-disclosure depends on different factors and circumstances.

The two Danish psychologist's working psychodynamically, who used little self-disclosure, did not see themselves as doing so because of their orientation, but rather due to their lack of experience working in a therapeutic setting. Along with the remaining participants, none stated that their use of self-disclosure were mainly influenced by their therapeutic orientation, all thought that they were more likely to disclose as they gained experience in the therapeutic setting and that disclosure depended on the personality of the psychologists and the particular client, but most importantly was used in the 'moment', as a subjective decision of it feeling 'right'.

3. Conclusion

According to the participants, the use of deliberate self-disclosure in a therapeutic setting, should be about and beneficial for the therapeutic relationship and must be carefully managed and used appropriately, disclosure also depends on the particular client group worked with and there is a need to maintain stronger boundaries with certain client groups such as people with mental health problems and offenders. It is important to admit errors made with a client in order not to damage the relationship and maintain congruence and integrity. Furthermore self-disclosure is depending on the psychologist's experience of working with clients, their personality and their subjective decision of disclosing in the 'moment'. Cross –culturally, not many differences were found as there was a general consensus across the different themes, however, where the differences were found, it could be suggested they were due to the different client groups worked with, as opposed to different therapeutic orientations in the two countries.

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